

## New Member Application

ALL information is required and must be completed entirely before the application will be considered for membership.

**Service Provider:** A business that offers a service or product to promote/improve business in the educational products industry.

**Company Address:** *Please type or print your company's name as it should appear in the Membership Directory.*

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Main Phone \_\_\_\_\_ Main Fax \_\_\_\_\_

Tollfree Phone \_\_\_\_\_ Tollfree Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**My preferred mailing address is (check one):**       **Mailing**       **Billing**

### Company Profile:

Company Established: \_\_\_\_\_ / \_\_\_\_\_ Entered School Market: \_\_\_\_\_ / \_\_\_\_\_ Number of employees: \_\_\_\_\_

Federal Tax ID or business license#: \_\_\_\_\_ Percentage in School Market: \_\_\_\_\_

Parent Company \_\_\_\_\_

**Alpha Code:**       Have NSSEA assign my company an Alpha Code.       My company Alpha Code is: \_\_\_\_\_  
(1 to 3 character code for use in catalogs and inventory systems.)

**Business Type:** Check the type(s) that best describe your company.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Catalog Production       | <input type="checkbox"/> Consulting services | <input type="checkbox"/> Inventory & P.O.S. systems/software |
| <input type="checkbox"/> Mail list                | <input type="checkbox"/> Online services     | <input type="checkbox"/> Printing services                   |
| <input type="checkbox"/> Retail fixtures/displays | <input type="checkbox"/> Trade magazines     |  |

**Did a NSSEA member refer you?**     No     Yes \_\_\_\_\_  
(If yes, please specify Company and City/State above.)

**Areas of Interest:** Check all that apply to receive future materials on these topics.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Ed Expo Show          | <input type="checkbox"/> International Marketing | <input type="checkbox"/> L.E.A.D Activities |
| <input type="checkbox"/> School Equipment Show | <input type="checkbox"/> Legislative Issues      |   |

**References:** This information is **required** and is kept **STRICTLY CONFIDENTIAL**. Please list contact information for two principal suppliers you represent. U.S. telephone numbers need to provide the area code. International phone number need to provide the appropriate international dialing code.

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Company Roster:** You may list up to five employees to appear in the *Annual Membership Directory*. For each contact, please list an address if the individual's mailing address is different from the company's mailing address. All employees listed from your company are eligible to receive NSSEA's *Essentials Magazine*, *Essentials Weekly*, *TradeShow Times*, and *MarketWatch* email newsletters, and subscribe to the Member Forum List Serv.

**Key Contact** – will serve as the main contact person for your company's membership. This individual will receive NSSEA promotion and member sales materials. Please list that person below.

**Key Contact Name:** \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ (Required if Essentials Weekly and/or List Serv boxes are checked below.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> List in Directory                 | <input type="checkbox"/> Receive <i>Essentials</i> magazine               | <input type="checkbox"/> Receive Tradeshow Times (email required)    |
| <input type="checkbox"/> Member List Serv (email required) | <input type="checkbox"/> Receive <i>Essential Weekly</i> (email required) | <input type="checkbox"/> Receive <i>MarketWatch</i> (email required) |

**Additional Contact #2** Name: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> List in Directory                 | <input type="checkbox"/> Receive <i>Essentials</i> magazine               | <input type="checkbox"/> Receive Tradeshow Times (email required)    |
| <input type="checkbox"/> Member List Serv (email required) | <input type="checkbox"/> Receive <i>Essential Weekly</i> (email required) | <input type="checkbox"/> Receive <i>MarketWatch</i> (email required) |

**Additional Contact #3** Name: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> List in Directory                 | <input type="checkbox"/> Receive <i>Essentials</i> magazine               | <input type="checkbox"/> Receive Tradeshow Times (email required)    |
| <input type="checkbox"/> Member List Serv (email required) | <input type="checkbox"/> Receive <i>Essential Weekly</i> (email required) | <input type="checkbox"/> Receive <i>MarketWatch</i> (email required) |

**Additional Contact #4** Name: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> List in Directory                 | <input type="checkbox"/> Receive <i>Essentials</i> magazine               | <input type="checkbox"/> Receive Tradeshow Times (email required)    |
| <input type="checkbox"/> Member List Serv (email required) | <input type="checkbox"/> Receive <i>Essential Weekly</i> (email required) | <input type="checkbox"/> Receive <i>MarketWatch</i> (email required) |

**Additional Contact #5** Name: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> List in Directory                 | <input type="checkbox"/> Receive <i>Essentials</i> magazine               | <input type="checkbox"/> Receive Tradeshow Times (email required)    |
| <input type="checkbox"/> Member List Serv (email required) | <input type="checkbox"/> Receive <i>Essential Weekly</i> (email required) | <input type="checkbox"/> Receive <i>MarketWatch</i> (email required) |

**Service Description:** This information is added to our online member database, appears in *NSSEA Essentials* magazine, and is listed in the *Membership Directory & Buyer's Guide*.

When composing your service description, please keep in mind that this text is also used for keyword/product searching through NSSEA's *Service Locator* and on the web site search page [www.nssea.org](http://www.nssea.org). You will want to make sure that when a potential dealer and/or supplier customer looks for a service and you happen to provide, that your company comes up in the search. Here are a few guidelines:

- 1) Be sure to keep your customers in mind: think of what terms they might use when referring to your service lines. Make those words the basis for your listing. Help those customers find you!
- 2) Keep it simple. Use your 285 characters to list various service types.
- 3) Avoid advertising/hyperbolic wording. NSSEA's policy is to edit out boastful/advertising language.

Please list the service you provide, using no more than **285 characters**, including spaces and punctuation.

\_\_\_\_\_

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# Annual Gross Sales for Service Providers:

NSSEA's fiscal year runs **October 1 to September 30**. Your membership dues cover a 12-month period. A prorated dues renewal notice will be mailed two months before your expiration date during your second year of membership.

NSSEA dues are not deductible as charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. NSSEA Tax ID# **36-1525710**.

**Please check your dues level according to the volume of gross annual sales of products for educational use only.**

| Level                       | Gross Annual Sales         | Dues    |
|-----------------------------|----------------------------|---------|
| <input type="checkbox"/> M1 | Over \$25,000,000          | \$1,700 |
| <input type="checkbox"/> N1 | \$1,000,000 - \$25,000,000 | \$1,200 |
| <input type="checkbox"/> O1 | Under \$1,000,000          | \$ 700  |

**Membership Fees:**

|                                     |                  |
|-------------------------------------|------------------|
| Annual Supplier Membership Dues     | \$ _____         |
| Supplier Application Processing Fee | \$ <u>100.00</u> |
| <b>Grand Total</b>                  | <b>\$ _____</b>  |

## Payment Method:

Please charge this credit card:

- Visa     
  MasterCard     
  American Express     
  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Check is enclosed made payable to NSSEA. *Check must be in U.S. dollars and drawn on a U.S. bank.*

## Submit Application:



Fax this form with credit card information to 301-495-7362.



Mail this form along with your check or credit card information to:

NSSEA Member Services  
 8380 Colesville Road, Suite 250  
 Silver Spring, MD 20910



Complete the online application at [www.nssea.org](http://www.nssea.org) and submit with credit card information.

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